## South Carolina Department of Social Services Family Independence Program GAS VOUCHER

This voucher is good for a gasoline purchase only, not to exceed \$40. Gas can be purchased during the time period indicated below.

Valid From: To:	
Client's Name:	-
Case Number:	-
Program Type of the client to determine funding source: ☐ AP ☐ DV ☐ ER ☐ FB ☐ FC ☐ FI ☐ FM ☐ FV	□NC □TC □TS □YP
Signature of Case Manager/Designee:	
DSS County Office:	
THIS SECTION TO BE COMPLETED BY APPROPRIATE STORE PERSONNEL:	
Store Name/Location:	
Amount Purchased:	
Date Purchased:	
Vendor Signature:	Date:
Send a copy of the voucher and the completed DSS Form 3713. Author	prization and Payment Invoice, to the appropriate

Send a copy of the voucher and the completed DSS Form 3713, Authorization and Payment Invoice, to the appropriate county DSS office.

## **INSTRUCTIONS FOR DSS FORM 3715**

The Gas Voucher is good for a gasoline purchase only not to exceed \$40.

**Valid From Date:** Indicate the period of time the voucher is valid. Gas must only be purchased during this time frame.

Client's Name: Enter name of the client who will purchase gas.

Case Number: Enter the case number of the client.

**Program Type:** Check one program type for the client that corresponds to the program in which the client is participating.

Signature of Case Manager/Designee: The Case Manager or other responsible party must sign the voucher.

**DSS County Office:** Indicate the DSS county office that is authorizing the voucher in an effort to assist the service stations when preparing to invoice the county.

## **VENDOR MUST COMPLETE:**

Store Name/Location: Indicate the location of the store.

Amount Purchased: Indicate the amount of the gas purchase.

Date Purchased: Indicate the date of the gas purchase.

Vendor Signature: Vendor must sign the voucher.

The Vendor will send a copy of the voucher and a completed DSS Form 3713, Authorization and Payment Invoice, to the appropriate county DSS office.